



County of San Diego Health and Human Services Agency

Medicare, Medi-Cal, and/or LIHP Referral Letter

MC/LIHP (circle program) application received:

By:

Date:

SSN: _____ DOB: _____

Dear _____,

Based on information you provided in application, you may be eligible for

☐ Medicare, ☐ Medi-Cal, or ☐ Low Income Health Plan (LIHP).

Your ADAP will end in 30 days unless you provide your ADAP Enrollment Worker proof of application for the above program.

How to apply for Medi-Cal and/or LIHP

Call 211

- 211 collects your information such as household composition, income, and resources to begin the application;
- 211 forwards the application to the County for processing; and
- The County will contact you if additional information is required.
- **Once you receive a letter from Medi-Cal/LIHP take it to your ADAP Enrollment Worker**

Apply on-line at: www.benefitscalwin.org and select the "Medi-Cal" option.

- Allows the electronic submission of applications and verifications;
- Provides 24 hour access to the screening and application process; and
- The County will contact you if additional information is required.
- **Print the receipt and take it to your ADAP Enrollment Worker**

Apply in person at the Family Resource Center (FRC) assigned to your neighborhood.

- To find your nearest FRC go to:
http://www.sdcounty.ca.gov/hhsa/programs/ssp/access/access_assistance_programs.html; or
- Call ACCESS at 1-866-262-9881 and select the "General Information" option; or
- Call 211 and ask for the FRC closest to you.
- **Ask FRC staff to date stamp this paper in the top right corner and return this to your ADAP worker**

Examples of required documentation (additional information may be requested):

- US Citizenship – original birth certificate, US Passport, Certificate of Naturalization
- Legal Permanent Resident (LPR) status: Resident alien card
- Identity – Driver's License, school ID, Alien card
- Residency – Current California driver's license or identity card with a San Diego county address, rent receipt
- Income – paystub, signed letter from employer, award letter

Additional documentation required if applying for Medi-Cal:

- Property – bank statement, retirement account statement

How to apply for Medicare

Call (800) 772-1213 to schedule an appointment at the Social Security Office nearest you or apply online at <http://ssa.gov>. Apply within three months before you turn 65. If you are denied Medicare, contact your clinic for assistance.

By signing below, I agree to apply for Medi-Cal, Medicare, or LIHP as instructed, and understand that failure to complete the application process may result in the loss of health care coverage.

Applicant's Signature

Date

Distribution: white to patient to time stamp at FRC; yellow patient record; pink to patient file

(10/19/12)